



Louisiana State Board of Medical Examiners  
P.O. Box 54403  
New Orleans, LA 70154-4403

**DO NOT MAIL TO ANY OTHER ADDRESS. REMIT TO ABOVE ADDRESS.**

***Order Form for Verification / Endorsement <sup>2</sup>***

**Licensee**

Name \_\_\_\_\_  
License Number \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

***BOARD USE ONLY***

**Date:** \_\_\_\_\_

**Completed  
By:** \_\_\_\_\_

**Send To** (if different from licensee address)

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Qty	Description	License #	Unit Price	Total
	Written Verification <sup>1</sup>		\$10.00	
	Endorsement <sup>2</sup>		\$25.00	
	Written Verification & Endorsement		\$35.00	

SubTotal

**TOTAL**

**Payment Details**

- ☐ Money Order Enclosed  
☐ Check No. \_\_\_\_\_ Enclosed

Make payable to:

**Louisiana State Board of Medical Examiners  
or LSBME**

***Be sure to include payment with this request!***

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**[www.lsbme.louisiana.gov](http://www.lsbme.louisiana.gov)**

<sup>1</sup> Visit the LSBME website at [www.lsbme.louisiana.gov](http://www.lsbme.louisiana.gov) for verifications at no cost.

<sup>2</sup> **LSBME maintains scores for the State examination only.** The State exam was given in Louisiana beginning May 03, 1903 and ending December 12, 1970. The LSBME issues statements of those scores. To obtain scores for other examinations, contact the entity which administered the examination. The LSBME does not issue statements of those scores.